

New Hire and Intergovernmental Transfer Form

Transaction Codes: 02, IT

***JURISDICTION CODE**

***EFFECTIVE DATE**

MM/DD/YYYY

EMPLOYEE INFORMATION:

***Soc. Sec. Number**

 - -

***First Name**

MI

***Last Name**

Suffix

***Home Address**

***Street1**

Street2

***City**

***ST**

***Zip**

Employee ID

Job No.

CAMPS Generated Codes – Enter only if known

Email Address

***Date of Birth**

***Gender**

***EEO Ethnic**

Code

Educ. Code

***US Citizen Y/N**

Immigration Number

Driver's License Number

State of Issue

***Residency Code**

Comments

APPOINTMENT INFORMATION:

*** Transaction Code**

***Appt.
Type**

***Title Code**

***Title Name**

***Jurisdiction Name**

***Jurisdiction Department**

License Code

***Comp. Method**

Part Time %

***Essential
Emp. Y/N**

***Salary Range
Minimum**

***Salary Range
Maximum**

***Base Salary**

Extra Salary

Max. Appt. Duration

Interim Replaced Emp. ID

IA Thru Date

*** Work Week**

WTP Start Date

Certification No.

Exam Symbol No.

Special Legislation Citation

Canvassed

List Y/N

Comments

AUTHORIZING SIGNATURES:

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.

Appointing Authority: I certify that the action requested conforms to Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: ☒ _____ ☒ _____

SUBMIT TO: NJ Department of Personnel; CAMPS Forms, PO Box 354, Trenton, NJ, 08625-0354